

APPLICATION FOR REGISTRATION TO BECOME A PAYPHONE PROVIDER

Business Name of Applicant: _____

Address of Business: _____

Contact Person: _____

Contact Telephone Number: _____

Tax Identification Number: _____

Certification: As a provider of Pay Telephone service in the State of New Hampshire, I agree to the following:

I have reviewed, understand and will comply with the New Hampshire Code of Administrative rules Puc 408.

Applicant is operating in accordance with the laws of the State of New Hampshire pursuant to RSA 374:24 and RSA 374:25. I have attached a copy of my Certificate of Authorization from the Secretary of State's office.

Signature of Authorized Representative

Title

Typed or Printed Name

Date

Permission to Publicize Name: Yes ____ No ____ (please initial)

FOR COMMISSION USE:

Registration Number: _____

Registration Issued: _____

Certificate Attached: Yes ____ No ____

Debra A. Howland
Executive Director & Secretary